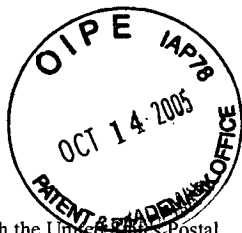


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PATENT

Attorney Docket No.: 020375-004010US

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By: Bonne Pickles

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith W. Diveley et al.

Application No.: 09/990,702

Filed: November 9, 2001

For: ELECTRONIC IDENTIFIER
PAYMENT SYSTEM AND METHODS

Customer No.: 20350

Confirmation No. 4413

Examiner: James A. Reagan

Technology Center/Art Unit: 3621

AMENDMENT UNDER 37 CFR 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is proposed in order to put the claims in proper form for consideration on appeal, and is being filed concurrently Applicants' Brief under 47 CFR §41.37.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

09/990,702

Filing Date

November 9, 2001

First Named Inventor

Keith W. Diveley et al.

Art Unit

3621

Examiner Name

James A. Reagan

Attorney Docket Number

020375-004010US

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final (Amendment under 37 CFR 1.116) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
|---|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Stephen F. Jewett

Date

October 14, 2005

Reg. No.

27,565

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

Typed or printed name

Bonnie Rickles

Date

October 14, 2005